

Exhibit K

**IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF NORTH CAROLINA**

MAXWELL KADEL, *et al.*,

Plaintiffs,

v.

DALE FOLWELL, *et al.*,

Defendants.

No. 1:19-cv-00272-LCB-LPA

EXPERT REBUTTAL REPORT OF DR. JOHANNA OLSON-KENNEDY, M.D., M.S.

1. My name is Johanna Olson-Kennedy. I have been retained by counsel for plaintiffs Maxwell Kadel, Jason Fleck, Connor Thonen-Fleck, Julia Mckeown, Michael D. Bunting, Jr., C.B., Sam Silvaine, and Dana Caraway (collectively, “Plaintiffs”) as an expert in connection with the above-captioned litigation.

2. I have been asked by Plaintiffs’ counsel to provide my expert opinion on gender identity, the treatment and diagnosis of gender dysphoria, particularly as it pertains to children and adolescents, and to respond to, rebut, and provide my expert opinion regarding the reports by Dr. Stephen R. Levine, Dr. Paul R. McHugh, Dr. Paul W. Hruz, and Dr. Patrick W. Lappert in this case.

3. I have actual knowledge of the matters stated herein. If called to testify in this matter, I would testify truthfully and based on my expert opinion.

I. BACKGROUND AND QUALIFICATIONS

4. I received my Doctor of Medicine (M.D.) degree from the Chicago Medical School in 1997. In 2000, I completed my residency in pediatrics at the Children’s Hospital of Orange

align with one's gender, as well as later medical interventions after the onset of puberty, such as puberty blockers, hormones, or surgery. Because care is individualized, it also may not.


89. Dr. Levine asserts that there is a growing body of evidence that suggests that affirmation of gender diverse children results in a higher likelihood of persistence of gender incongruence. He cites an article entitled "The myth of persistence: Response to 'A critical commentary on follow-up studies and 'desistance' theories about transgender and gender non-conforming children'" by Temple Newhook et al. (2018) written by Ken Zucker. This is not a research article. It simply provides a rebuttal by Dr. Zucker to a previous manuscript. In it Dr. Zucker reviews some of the existing literature about persistence and desistance of gender incongruence among children over time. As previously noted, though, the studies upon which Dr. Zucker relies were based on the now obsolete and overly broad categorizations contained in the diagnosis for "Gender Identity Disorder in Children." None of the studies use the current DSM-5 "Gender Dysphoria in Children" diagnosis. Thus, the desistance rates of which Dr. Levine speaks include children who did not identify as transgender to begin with or would be considered "sub-threshold" for a Gender Dysphoria diagnosis. In addition, research shows that children who identify as transgender into adolescence, which is when any medical treatment begins, persist in their transgender identity. (de Vries, et al., 2011).

90. Dr. Levine attempts to create a causal relationship by asserting that gender affirmation (social transition specifically) in childhood *causes* children to continue to assert a gender incongruent with the sex they assigned at birth and that they would not have done so had they not undergone social transition. There is a failure to consider the clinical observation that children who end up socially transitioning are often experiencing the greatest distress about their gender incongruence, a discussed predictor of persistence. He presents an argument against

carrying out necessary investigations. The denial of much needed care only serves to harm transgender people.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and corrected.

Executed this 30th day of May, 2021.



Johanna Olson-Kennedy, M.D., M.S.

CERTIFICATE OF SERVICE

I hereby certify that on June 1, 2021, I caused a copy of the foregoing document and all attachments to be served upon the following parties via email:

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Dated: June 1, 2021

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